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SUPPORT SYSTEMS FOR MILITARY FAMILIES
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SUPPORT SYSTEMS FOR MILITARY FAMILIES

The Military Takes Care of Its Own -- Sometimes

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INTRODUCTION

Because military service personnel who experience family problems have lowered efficiency on the job and because career retention is a significant concern of the military organization, it is in the interest of the military system to view family functioning as a critical issue in day-to-day operations (Stanton, 1976). Moreover, support systems that promote optimum functioning for the military family need to be explored.

It has been found that approximately half of all personnel entering the Naval health care delivery system indicate problems that are caused or aggravated by social or emotional needs (Nice, 1979). Since the military family is the primary social support system that protects the service member from both physiological and psychological disorders, it becomes evident that the social support systems available to the military family are of critical importance to the well-being and functional capacity of the service member.

During World War II (WWII), the military community system was compared to an advanced form of welfare and social service state (Benson, 1977) because during that time the military provided structured social supports through combined efforts of federal legislation, civilian community resources, and its own resources. However, a review of the literature reveals that support systems were and still are generally lac':ing for military families.

A major problem for the military family is its isolation from the surrounding community. Getting communities involved with military families has been viewed as one way to remove the isolation effects experienced by families who have problems adapting to new environments. Problems caused by moving into an unfamiliar area are eased by involvement with the new neighborhood. Unfortunately, the development of structured, care-taking neighborhoods has not yet been adequately developed for the military

family (Allen, 1972; McKain, 1973).

Research subsequent to WWII indicates that community support and understanding can be implemented through media presentations aimed at changing the public's attitude to one of support, rather than rejection of the military family (Schuetz, 1945). After WWII, the government provided its veterans and their dependents with civilian social services through legislative procedures based on moral justice because returning veterans needed aid. The public was informed and suggestions were made to open up and also provide basic rights and services to military families (Chaskill, 1964).

Some researchers contend that it is the responsibility of the military organization to inform and acquaint the civilian community with the problems of military families and to assist in developing resources. Studies show, however, that military families tend to seek out other family members first, rather than seeking more formal resources within the community (Mont-alvo, 1976). An informal social network of families seems to provide a major supportive influence in times of stress for the military family, rather than the formal support systems offered within the larger community (Benson, 1977). Reciprocity, however, between military communities and civilian communities tends to cement relations between them (Caplan, 1975).

Research since 1975 (Hunter & Hickman, 1981) indicates that the civilian community, as well as the military family community, are valuable assets in management of family stress. The community provides the circumstances and context in which families unite in order to deal with events that cause stress (McCubbin, 1979).

An example of community cohesiveness was provided by the studies of Kibbutz life in Israel. Community efforts provided the cohesiveness, stability, and organization which allowed fami-lies to cope with stresses of war (Lifshitz, 1975; Ziv, 1975).

To date, awareness and knowledge of various services to U.S. military families have been limited (Van Vranken & Benson,

1978; Spellman, 1976). Efforts need to be taken to increase the provision of information systems which increase families' awareness of existing support systems (Benson, 1977). If adequate support systems and information resources are made available for families, satisfaction with the military lifestyle should increase, along with a concomitant increase in retention rates.

Following are descriptions of research findings on the various support services and programs implemented to help the military family.

PSYCHOLOGICAL SERVICES FOR MILITARY FAMILIES

In general, psychological services for active duty military families have been difficult to obtain. Treatment within the military has included conjoint family therapy to help couples cope with the military environment (Frances & Gale, 1973), programs for treatment of alcoholism (Sobie, 1979), group therapy for military personnel who abuse or neglect their children (Wallace & Dycus, 1978), outpatient psychiatric treatment for military wives during separation (Hartog, 1966; Lumsden, 1978; MacIntosh, 1968), and marital therapy after prolonged separation in order to assist spouses in clarifying changes in family roles and lifestyles (Worthington, 1977).

PREVENTATIVE PROGRAMS

Prevention or preparatory services have been advocated as the best route to go when working with military families. Family separation has been seen as the major cause of family stress, and programs have been suggested to assist wives; such as counseling services before, during and/or following separation (Benson, 1977; Van Vranken & Benson, 1977; Bey & Lange, 1974; Fagen et al., 1967; Jones, 1977). Adequate preparation of the family during these separations is significantly related to satisfactory family adjustment during that separation; and wives have expressed the need for counseling, not only before and during, but following deployments (Hunter, 1977).

SERVICES FOR MILITARY VETERAN FAMILIES

After World War I vocational training for neuropsychiatric veterans was attempted, but was found inadequate in type and quality provided. However, after WWII rehabilitation efforts were more effective, due to previous experience and improved programs (Sands, 1947). Suggestions at that time were for reception centers staffed with qualified personnel to identify those veterans under particular stress in readjusting, and to assist others in reestablishing family relationships, jobs, friendships, and contacts within the community. In addition, educational programs for civilian helping services, programs to inform and educate the public and to promote greater understanding between veterans and employers were indicated as beneficial for returning veterans and family members (Bennett, 1945; Finesinger, 1945).

More recently, the emphasis has been on rehabilitative services as prevention of more serious future problems, with suggestions from various researchers on coordination of services for the overall social and emotional health of the family system across different disciplines, such as medical, psychological, legal and administrative (McCubbin & Dahl, 1974).

A preventative intervention program to facilitate health readjustment in Vietnam Veterans during their initial reenty stage was proposed in 1976, a program built on the principles of acknowledgement of the normality of stress during the transition period and the need for gradual assimilation into the community. These specific interventions were never implemented by the military, however (Borus, 1976), although a similar program was carried out specifically for prisoner of war (POW) returnees following the Vietnam conflict (Hunter & Plag, 1973; Plag, 1974). The concept of prevention to alleviate problems for released POWs included suggestions for providing a buffer period outside the Continental United States (Segal, 1974) and actively seeking out other returnees to put into effect intervention strategies, such as (1) reinforcing the person's ability to

cope; (2) offering new perspectives on post-captivity experiences
(3) alerting the ex-POWs to future stresses which they might
experience; (4) mobilizing and facilitating the ex-POWs' style
of problem-solving; and (5) reinforcing the positive value of
the captivity experience (Ballard, 1973). Family-oriented thera-
pists were given assistance on how to work with the special
needs that the Vietnam veterans and their families presented, as
well as effective treatment plans to assist disorders presented
in the form of family system dysfunctions (Stanton & Figley,
1978).

Research on POW/MIA families indicated that group therapy
was the most effective. This type of treatment gave opportunities
to share the rage felt toward their husbands and the military
(Hall & Simmons, 1973). Close alliance with wives prior to
return facilitated post-reentry use of support services by the
family. Hall and Malone suggested re-entry groups prior to
family reunion in order to facilitate the understanding of each
other's stresses (Hall & Malone, 1974).

Families of servicemen killed in action also found group
participation an effective method of preventing, as well as for
treating significant emotional problems. One example of a treat-
ment program was "Operation Second Life," a group therapy experi-
ence offered for Vietnam widows by Navy psychiatrists (Duncan,
1969; Zunin, 1969; Zunin, 1974; Zunin and Barr, 1969). The
essence of the "Operation Second Life" program was summed up by
one widow's statement, emphasizing, "Only another widow can
really understand what it is all about" (Zunin, 1969).

In addition to the "Operation Second Life" program, an
Army-Navy-Marine Corps outreach support program was established
in connection with the "Operation Homecoming" for Vietnam POWs
(Hunter & Plag, 1973; McCubbin & Dahl, 1974; Van Vranken &
Hunter, 1976), which included a family counseling program to
respond to the emotional, vocational and legal needs of the
POW/MIA families. The military was assisted by six professionally

trained civilian social workers hired specifically to develop and coordinate the program for the Navy and Marine Corps and seven commissioned social work officers from the Army, selected on a regional basis to complement the Navy commitment (Hunter & Plag, 1973). Suggestions were made for the program to be extended throughout the military establishment. This proposal resulted in the program eventually focusing on services to the total military population to meet the multitude of needs not met by other services or civilian support systems (Van Vranken & Hunter, 1976).

RETIREMENT AND SERVICES TO FAMILIES

Research in the area of military retirees and their families has focused on prevention of problems rather than treatment. The change from a structured military lifestyle to subsequent integration into a less structured civilian life, with no specified role, is the key issue in retirement. A concomitant need in retirement counseling is the increased interaction of the former service person with adolescent dependents and the spouse's adjustment to a new family system after retirement (Bellino, 1969; Druss, 1965; Greenberg, 1973; Giffen & McNeil, 1967). The difficulty or ease of the transition from active to retired status has been found to depend to a large extent, on the wife's readjustment (Wendt, 1978).

One study reported on a Military Mental Hygiene Clinic which was used as a center of information and counseling services for retirees (Druss, 1965). It was suggested that specialists from several professional groups could work with retirees in a program supported jointly by the military and civilian communities, where mental hygiene would play a specific, but not a definitive role (Greenberg, 1973).

CHILDRENS' SERVICES

On many military bases, the dispensary physician is the main source of help and guidance for children and their families, with only brief instances of therapy to help them deal with the stresses of mobility, reunion, cultural differences and grief reactions (Gonzalez, 1970). Residence treatment in hospitals for children became easier with the establishment of Public Law 89-614 and the Military Benefits Amendment of 1966 (Keller, 1973. This legislation alleviated the dispensary physician as sole resource. Nonetheless, difficulties remain in initiating treatment of families because of the families' fears about jeopardizing the father/husband's career (Hartog, 1966; Keller, 1973).

Services provided for military children have been sporadic. Research shows a focus primarily on dependent child care as the major concern. Corey (1971) postulated that servicemen at poverty levels who are forced to go on welfare have their problems eased by increases of family income. In order to do this, the wife must often assume working responsibility, and the system provides the child with an educational curriculum in the child care centers (Corey, 1971). A National Task Force for Child Care in the Military recently attempted to communicate the needs of young military children to both the Department of Defense and the civilian communities (Brende, 1977). This Task Force consisted of military parents, military professionals in the field of child development, and directors and staff of military child care centers from all service branches who advocated for children's rights and needs within the military. In recent years the Department of Defense has gone from not having any advocacy policy for child care programs whatsoever, to recommending that the military provide fulltime child care for personnel's children (Brende, 1977; Nida, 1980).

Wheatland (1977) discovered problems in offering child care programs on different military bases because federal regulations

have mandated that day care be self-sustaining, with parents paying for the programs. Nesenholtz (1976) found two chief reasons for difficulty in maintaining quality day care programs: first, the day-to-day transcience of the military child population makes it difficult to maintain curriculum continuity; and second, the non-appropriated fund status of child care centers makes it necessary for the centers to be either self-sustaining or profit-making (Nesenholtz, 1976). Although nearly every major installation now provides a child care center, their existence has been based theoretically on the recreational premise (Brende, 1977).

Because of these problems, the Air Force recently established a regulation that requires its personnel to make adequate dependent care arrangements in advance of deployments or other emergencies to insure that their responsibilities to the military service would not be impaired by concern for dependents (Department of the Air Force, 1979). It becomes apparent that all professionals in the military community who have knowledge of operating child care centers should be encouraged to use their own resources and parents should become more active in insuring and improving the quality of already established child care centers, according to Nida (1980).

Specific areas of concern in military child care include the following:

. <u>Overseas Schooling</u>. In Europe, 130,000 American children are attending overcrowded U.S. dependent schools. Crowding is due to limited supplies of pupil personnel workers and supplemental materials. Major problems are outdated texts, facilities and equipment (Bower, 1967). Fortunately, teachers in military dependent schools have become, by necessity, more creative and imaginative in dealing with these shortages. although there is no significant difference in behavior and learning problems than exists in the United States schools, the community resources to assist the teachers in coping with children, expecially special children, are limited. The dispensary physician, in many cases,

has been the sole non-school resource for troubled children and he was often uncomfortable in that role. Bower (1967) suggested that an Army Community Service Program be implemented on all bases to coordinate military and social agencies.

Child Abuse. Programs for prevention of child abuse and neglect in military families have generally been varied in the 1960s and early 1970s, but by the end of 1976, each service branch had issued a regulation establishing a formal program. None, however, were directly funded; rather, they were staffed almost entirely by individuals who were given child advocacy as a collateral duty (Comptroller General, 1979).

In a 1979 report to Congress, a recommendation was made for a single department-wide policy to be developed concerning the collection and use of child maltreatment information, updated educational material, and development of a centralized group to control the consistency of service programs for families. Although the Department of Defense concurred with these suggestions, concern was raised that budget constraints would inhibit the ability to fully implement them (Comptroller General, 1979). To this end, the Army Child Advocacy Program has been involved on each base in administering and directing programs in cases of suspected child abuse and neglect as well as in preventive education of the military community (Allen, 1975; Carmody, Lanier, & Bardill, 1979; Lanier, 1978). Only recently (1981) has a tri-service family advocacy directive been issued which will correct many of these problematic areas of the past.

Pastoral Services. Religion has been seen to play an important role for military families. The Chaplain as provider of support to families has assisted them in strengthening their coping responses and patterns (Bermudes, 1973; McCubbin, 1980; McCubbin & Lester, 1977). Religion was found to play an important role during the prolonged separations for wives of missing in action during the Vietnam conflict, and it was found that fewer guilt feelings were reported for those wives who found support

from religion in dealing with their aloneness (Hunter, McCubbin & Benson, 1974). Bermudes (1977) suggested that church-oriented women appeared to have more basic ego strength and rated higher in areas of reality testing, organization, continuance of routine and the ability to be alone.

In the early years of the Vietnam POW/MIA situation, a manual for chaplains was designed and developed to assist Navy chaplains in their counseling and ministry to families of prisoners of war and servicemen missing in action (Westling, 1973). Religious retreats with competent clergy and professionals were believed to be one of the valuable support systems offered by the chaplaincy for POW/MIA families in coping with their situations (Hunter, McCubbin & Metres, 1974).

NAVY EFFORTS IN SUPPORTING FAMILIES

The Navy has used various approaches to provide support and general services to its personnel and their families. These efforts have included sponsors being assigned to newly enlisted Navy personnel and to families going overseas (Dickieson, 1968), career counseling for personnel and spouses relative to re-enlistment (Grace, et al., 1976), and an Ombudsmen service for Navy wives to assist families during periods of family disruption (Howe, 1979).

In 1967 a proposal was set forth to establish a Personnel Services Department and a Personnel Services Center at all large Naval Shore activities. These centers were to correlate and coordinate all functions related to personnel services and any supporting activities. The aim of the proposal was to provide a type of "one-stop service" for the military man and his family (Stanley, 1967). Today, this is a reality with the Navy Family Centers located soon at all Navy locations throughout the world (Department of the Navy, 1978).

In addition to the Navy Family Centers, a goal of the Navy has been the "Navy Plan," designed to raise levels of awareness

regarding families and their needs within a total Navy system, and to make this resource plan accountable through the chain of command (Chandler, 1979).

Part of the new Navy support system program has been an increased use of published pamphlets to assist military personnel with a variety of situations. General information handbooks were published for Navy personnel and dependents (Department of the Navy, 1980; Navy Wifeline Association, 1978). More specific hand-books were published with information on moving and residence change (Department of Defense, 1977); how to launch an enlisted man's wives club (Navy Wifeline Association, 1978), and guidelines for the role to be played by commanding officers and executive officers' wives (Navy Wifeline Association, 1977). Pamphlets were also designed to assist POW, MIA and KIA families (Laird, 1972; Powers, 1971; 1972).

LEGAL SUPPORTS

Legal assistance to military families has increased in the 1970s with new legislation and new programs to assist military families. The Family Assistance Programs in the services were established to deal with the legal and emotional problems that surfaced with POW/MIA wives (Hunter & Plag, 1973). These problems were a result of the status of the POW/MIA wives and their families that were left with no powers of attorney to deal with legal affairs, many of which had no legal precedence (Stewart, 1975; Nelson, 1974).

New programs and new decisions have also been made or are being established in relation to women's rights within the military. Early in 1970 the courts supported the military's decision to discharge pregnant personnel, but by the late 1970s the courts began ruling in favor of aiding the pregnant military woman to continue her career (York, 1974; York, 1978). Nonetheless, inequalities still exist between male and female service personnel.

Domestic relations law was examined by Miranda (1971); it was found that unusual problems may be encountered by the service personnel involved in divorce proceedings. A program was developed which allows the military lawyer to appear in civilian courts to assist on divorce, custody and legal matters (Miranda, 1971).

POLITICAL ACTION AND THE MILITARY FAMILY

Support systems aimed at political action were formed in response to the POW/MIA problems. One such support organization was the National League of Families of Prisoners of War and Servicemen Missing-In-Action in Southeast Asia. The League was established in 1969 with the ultimate goal of achieving release of the POWs held in Southeast Asia, and obtaining an accounting of the MIAs, as well as influencing political candidates to support these actions. Secondary aims of the League were family counseling services, briefing steps, dissemination of knowledge, and emotional support to these families (Ewing, 1972; Powers, 1974). More recently, Hunter (1979) spoke at the White House Conference on Families as an advocate for higher pay for military families.

VOLUNTEERISM

The studies of volunteers as family supports have primarily been conducted in Israel and have used both professionals and non-professionals (Halpern, 1975; Levy, 1975; Sanua, 1974; Sternberg, 1975; Teichman, Spiegel, & Teichman, 1975). One author indicated that volunteering in times of community crisis is a natural phenomenon and there are mental health benefits for both helpers and the helped (Halpern, 1974). Professionally trained volunteers were usually able to meet the needs of the bereaved families better than the untrained volunteers (Sternberg, 1975; Levy, 1975).

Both the Navy Relief organization and the Army Community Service
are primarily staffed by volunteers. The Air Force volunteers
program to support family needs has proven ineffective, and the
number of volunteers has declined in recent years (Department
of the Air Force, 1980), suggesting the need for professional
people rather than relying on volunteers. Changing family roles,
increased numbers of women in the workworld, and severe inflation
have made military-sponsored and funded supports programs more
essential (Hunter, 1977).

RESEARCH ON MILITARY SUPPORT SYSTEMS

Research findings used to supply indices of the awareness
and perception of military wives of the availability of support
systems and the wives' inclinations to use such services can
be of value to governmental agencies. Generally, it has been
found that "more services" may not solve the problems encountered;
more effective services are necessary. These support services
cannot be planned and evaluated without further research (Benson,
1977).

Efforts need to be taken to provide information systems
which will increase awareness of available services to military
families (Van Vranken & Benson, 1978; Benson, 1977; Spellman,
1976). The manner in which this information is made available
to the families may be a determining factor in their utilization
of it. Further research, for example, into communications media
for presenting the services in a manner that does not intimidate
or threaten the families appears to be a necessary prelude to
providing them with those services.

Research findings of available resources in the outside
community could be valuable information for new military families
or for families new to that particular community. Decker (1978)
found that community resources were not as well known as military
resources. Findings used as information to government agencies

as well as to military families could bridge the gap between military and civilian communities and create a "cohesive community." A cohesive community is one in which the adverse position that has been created by the isolation and different life styles demanded of military families would be eliminated by cooperative functioning. Possible side effects of such research could include a decrease in the demand for health care services, incorporation of the military within the communities, incorporation of the communities within the military, and, in general, the creation of a new climate of cohesive cooperation.

Hunter (1977) showed that military families, instead of considering research as an "invasion of privacy," welcomed the opportunity to speak up on what was happening to them. They perceived this interest in their lives and problems as a caring and nurturing function which they were surprised to find within the military structure, a structure which had ignored the needs of families in the past (Hunter, 1977).

According to Nice (1978), research findings have been utilized extensively in the past to document the POW experiences, thereby establishing potential links with other unique crisis situations of military families (Nice, 1978). Research during WWII showed how the importance of intimate ties with the father helped children adjust more easily to separation (Igel, 1945). Spouse separations were made easier by continued letter writing, exchange of photos and descriptions of the routines and feelings each spouse had of supporting each other (Hill, 1945). The role of the family and the effects of family cohesiveness in treating drug-addicted Vietnam returnees were an aid in the readjustment of military personnel (Stanton, 1977).

Previous research findings have helped to create a systematic framework for family research which has been the basis for designing and implementing effective family-related policies and programs (Croan, 1980). Interest by the military system has increased in the areas of family research and services as exemplified by the recent establishment of the Navy Family Program in Washington,

D.C. which is currently implementing, coordinating and disseminating information and services to families (Wakefield & Wakefield, 1979). Even more recently (1980, 1981), the Army and Air Force have both sponsored conferences which focused specifically on the needs of its family members.

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18. SUPPLEMENTARY NOTES

This report is the eighth in a series of reports which review the status of military family literature, and are based upon The Literature on Military Families, 1980: An Annotated Bibliography, USAFA-TR-80-11, DTIC#AD-A093-811, edited by E.J. Hunter, D. Den Dulk, & J.W. Williams, 1980.

19. KEY WORDS (Continue on reverse side if necessary and identify by block number)

military families   veterans services
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preventative services

20. ABSTRACT (Continue on reverse side if necessary and identify by block number)

Since the military family is the primary social support system that protects the service member from both physiological and psychological disorders, it becomes evident that the social support systems available to the military family are of critical importance to the well-being and functional capacity of the service member. Nonetheless, a review of the literature reveals that adequate support systems for military families have been generally lacking in past years. However, in recent years, interest by the military system has increased in the areas of both family research and services for families.

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